

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/667,616
	Filing Date	June 6, 2007
	First Named Inventor	BELKIN et al.
	Title	METHOD AND SYSTEM FOR DETECTING ANALYTES
	Art Unit	Unknown
	Examiner Name	Unknown
Attorney Docket Number	09124.0172USWO	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

23552

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Practitioner(s) Name	Registration Number

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OR

☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/66) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature	Shlomo BELKIN	Date	July 10, 2011
Name	Shlomo BELKIN	Telephone	978-54-1120312
Title and Company	Prof. Hadas Univ. of Phoenix		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/587,516
	Filing Date	June 8, 2007
	First Named Inventor	BELKIN et al.
	Title	METHOD AND SYSTEM FOR DETECTING ANALYTES
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	06124.0172USWO

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☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

I am the:

☒ Applicant/Inventor.
 OR
☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/68) submitted herewith or filed on _____.

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>Rami Pedahzur</i>	Date	11.2.11
Name	Rami PEDAHZUR	Telephone	+972 047231088
Title and Company	Dr. Pedahzur, Academic College		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/687,818
	Filing Date	June 6, 2007
	First Named Inventor	BELKIN et al.
	Title	METHOD AND SYSTEM FOR DETECTING ANALYTES
	Art Unit	Unknown
	Examiner Name	Unknown
Attorney Docket Number	09124.0172USWO	

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Practitioner(s) Name	Registration Number

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OR
☐ The address associated with Customer Number:

☐ Firm or Individual Name

Address

City State Zip

Country

Telephone Email

I am the:

☒ Applicant/inventor.
OR
☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/66) submitted herewith or filed on

SIGNATURE OF Applicant or Assignee of Record

Signature Rachel Rosen Date 7/5/11

Name Rachel ROSEN Telephone 02-6585556

Title and Company Dr., Hebrew University of Jerusalem

NOTE: Signatures of all the inventor or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/61 (01-08)

**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/687,510
Filing Date	June 6, 2007
First Named Inventor	Shimehon BELKIN
Title	METHOD AND SYSTEM FOR DETECTING ANALYTES
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	09124.0172USWO~

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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Practitioner(s) Name	Registration Number

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OR

☐ The address associated with Customer Number:

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/59) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature

Name

ital BENOVI

Date

Telephone

19.7.11

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 7 forms are submitted.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/587,516
	Filing Date	June 6, 2007
	First Named Inventor	Shimshon BELKIN
	Title	METHOD AND SYSTEM FOR DETECTING ANALYTES
	Art Unit	Unknown
	Examiner Name	Unknown
Attorney Docket Number		09124.0172USWO

I hereby revoke all previous powers of attorney given in the above-identified application.

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Practitioner(s) Name	Registration Number

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☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/00) submitted herewith or filed on: _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Yosi SHACHAM-DIAMAND	7 (July) - 6 - 2011
Title and Company	Telephone
Prof. Tel Aviv University	+972 - 152 - 672928

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, reviewing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22314-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22314-1450.

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PTO/SB/01 (01-06)

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10587,516
	Filing Date	June 6, 2007
	First Named Inventor	Shimshon BELKIN
	Title	METHOD AND SYSTEM FOR DETECTING ANALYTES
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	09124.0172USWO

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Arthur RABNER

Date

20-5-14-2011

Telephone

+972-54-4642948

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.21, 1.22 and 1.23. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 39 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10587,516
	Filing Date	June 6, 2007
	First Named Inventor	Shmishon BELKIN
	Title	METHOD AND SYSTEM FOR DETECTING ANALYTES
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	00124.0172USWO

I hereby revoke all previous powers of attorney given in the above-identified application.

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Practitioner(s) Name	Registration Number

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☐ Firm or Individual Name

Address

City State Zip

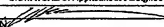
Country

Telephone Email

I am the:

☒ Applicant/Inventor.
 OR
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/09) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	7 July 2011
Name	Mark OKSMAN	Telephone	772-54-800534
Title and Company	Tel Aviv University		

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